

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016075

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2394

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

3 wks

c. FULL NAME OF (If NOT in hospital, give location)

St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR TOWN

Raytown

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

9709 E. 66th

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Mary

Middle

E.

Last

Haller

4. DATE

OF DEATH

Month

April

Day

19

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-5-1917

## 9. AGE (last birthday)

46

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

Nevada, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William Otis Bixler

## 13b. MOTHER'S MAIDEN NAME

McLissa E. Garfield

## 14. NAME OF HUSBAND OR WIFE

Lloyd S. Haller

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of No.

## 16. SOCIAL SECURITY NO.

4

## 17. INFORMANT

Lloyd S. Haller, 9709 E. 66th

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Left and right ventricular failure

## INTERVAL BETWEEN ONSET AND DEATH

2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Rheumatic heart disease

2 years

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

March 1953

to 4-19-63

and last saw her alive on 4-19-63

## Death occurred at

11:15

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

*[Signature]* MD

## 22b. ADDRESS

1408 Waldheim Bldg. K.C., Mo. 4-23-63

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4-23-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Floral Hills Funeral Home

Kansas City, Missouri

## 25. DATE RECD. BY LOCAL REG.

4-23-63

## 26. REGISTRAR'S SIGNATURE

*[Signature]*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Ketcham

4706 Broadway  
St. Louis, Mo. 63104  
4706 Broadway  
St. Louis, Mo. 63104  
4706 Broadway  
St. Louis, Mo. 63104

20007

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0-23

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. M. Jones

Licensed Embalmer No. 9453

P. O. Address H. E. Jones

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.